

Brothers (A.)

ON SEVERAL CASES
OF APPENDICITIS.

BY

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ON SEVERAL CASES OF APPENDICITIS.*

By A. BROTHERS, B. S., M. D.

WITHIN a few weeks of each other I recently met with several cases of appendicitis so different in character that I trust you will pardon me for describing them in brief. The subject of appendicitis is one of fascinating interest, and, although very much has already been written, there is still a feeling of uncertainty as to the exact limitations of the medical or surgical management of this disease. Any contribution which tends in the slightest degree to more sharply define these boundary lines must be of value.

CASE I.—Mrs. D., aged thirty years, called at my office on March 15, 1897. According to the history she was married at seventeen, gave birth to one child, and separated from her husband four years later. Since that time she has worked out for a livelihood. Three years ago she was operated on at Bellevue Hospital for some uterine trouble. Several weeks prior to her visit to my office she complained of uncomfortable sensations about the abdomen, principally on the right side. At no time were these pains sufficiently intense to force

* Read before the Society of Alumni of Bellevue Hospital, May 5, 1897.

her to bed. She was simply incapacitated from attending to the heavy work of a servant.

I made a careful examination, excluded annexal disease, and located distinct tenderness over McBurney's point. I sent her to Beth Israel Hospital to try the effect of rest in bed and medical measures—such as the continuous use of an ice-bag, liquid diet, and mild purgation. After a week's observation, with the patient perfectly quiet in bed, there was no change. Although there was at no time any appreciable elevation of temperature or any evidence of tumor, the localized tenderness over the appendix persisted. She was advised to go home in the hope that this tenderness would gradually wear away, but was warned to immediately report in case of any exacerbation of the pain. On leaving the bed she complained that her pain was as bad as ever and, as she had to work for a living, she implored me to operate at once. To this I finally consented.

On March 23, 1897, under ether, I made the usual incision. On opening the peritoneal cavity I found it impossible with the sense of touch to locate the appendix. On exposing the cæcum and following downward the striated fibres, I discovered the ulcerated stump of the appendix, about three quarters of an inch in length, and buried in adhesions. With fine silk it was ligated close to the cæcum and removed. The wound was closed without drainage—the peritonæum, fascia, and integument being sewed up separately. There was absolutely no reaction, and the wound healed by primary union. On the eighth day the patient was sitting up in bed, and on the fourteenth day she left the hospital cured.

CASE II.—Abraham R., aged sixteen years. At the City College on March 30, 1897, he was taken sick with a sudden attack of abdominal cramps. During this day and the next he was treated for colic by a medical student and his mother. He was given calomel and castor oil. As his condition seemed to grow steadily worse, I was sent for on April 1st and found him suffering from an acute attack of appendicitis, with tenderness

well defined over McBurney's point. During the third and fourth days of the disease the temperature (axillary) ranged between 99° and 102° F., with a pulse of 100 to 120. Pain continued localized without any evidence of a tumor. Expectant treatment was followed—chiefly the continuous application of an ice-bag to the appendicular region, horizontal decubitus, and an occasional small dose of morphine. On the fifth day—without any change in temperature or pulse—I noticed a beginning tumefaction of the abdomen, and with this a tendency of the hitherto localized tenderness to spread itself across the median line to the opposite side. In spite of the unchanged condition in the patient's pulse and temperature, in spite of the persistence of the local pain, in spite of a complete absence of symptoms indicating shock, I advised an immediate operation, and solely for the one reason that there was present beginning tympanites, with a tendency toward extension of the hitherto localized tenderness. A consultation was requested, and within several hours my friend Dr. H. M. Silver responded. He coincided with me in the necessity for prompt surgical intervention, and kindly supervised the operation an hour later at Beth Israel Hospital.

On making the usual incision, the gangrenous appendix—rigid, and about two inches in length by half an inch in diameter—was, after a little search, found floating in thin pus at the lower angle of the wound. Excepting a few recent adhesions to the right, there was a free communication with the general peritoneal cavity in all other directions. After mopping up the pus—probably not more than an ounce—and temporarily isolating the appendicular region from the general peritoneal cavity by means of strips of iodoformized gauze, the appendix was amputated. On inspecting the stump it was found possible to strip it a little farther backward and remove the remaining portion just at its origin from the cæcum. This explains why the specimen presented to-night consists of two por-

tions. The appendix stump and the adjacent area whence the pus had come were touched with peroxide of hydrogen. The gauze strips were removed and replaced by fresh ones introduced above, below, and to the left between the folds of intestine. A central strip was passed directly down to the stump of the appendix. By the use of appropriate medication the bowels were made to move after twenty-four hours. After thirty-six hours the dressing was changed. At no time after the operation did the temperature exceed 100° F. or the pulse count above 90. After the second week the boy was out of bed, and at the end of the third week the granulations were continuous with the surrounding surface of integument.

CASE III.—Mrs. Taube G., aged twenty-eight years; washerwoman. Menstruation began at the age of thirteen and was always regular. For the past two years it has been associated with pain. She was married at sixteen years, gave birth to three children, and has been a widow for five years. She entered Beth Israel Hospital on April 8, 1897, to be treated for pain in the right iliac region, which for some time previously had incapacitated her from earning her livelihood. On examination the uterus was found to be normal. The left annexa were readily felt and presented nothing abnormal. On the right side the appendages could not be located by bimanual examination on account of the abdominal rigidity excited by pressure. The painful area, however, was not in the pelvis but higher up, and located directly over the region of the appendix—over McBurney's point. After several days' observation, during which there was no elevation of temperature or any change in the local conditions, it was decided to perform an exploratory laparotomy.

On April 16, 1897, an incision about two inches in length was made in the right inguinal region above and parallel with Poupart's ligament. On opening the peritoneal cavity the finger introduced into the wound over the site of the appendix discovered a cystic ovary—

globular, tense, and about an inch and a half in diameter. The adhesions, if any, must have been very slight, for the tumor was readily brought out of the wound. During manipulation the cyst burst. The Falloppian tube was examined and found to be normal. It was therefore decided to only remove the diseased ovary. After replacing the tube with the ovarian stump the appendix was next brought out of the wound and examined. It seemed to be free from adhesions and to all appearances perfectly normal. Hence it was dropped back without further molestation. The peritonæum was closed with fine catgut, the fascia was united with chromicized catgut after Noble's method, and the integument was brought together with silkworm gut, using the subdermic continuous suture. After the operation the temperature never rose above 100.8° F. nor the pulse above 88. The bowels moved on the third day under appropriate medication. On the ninth day there was complete primary union of the wound, and at the end of fourteen days the patient was allowed to sit up in bed.

The three cases seem to me of interest as a group representing two extreme varieties of appendicitis with an illustration of the manner in which the disease may be simulated by other conditions. The last case proves how appendicitis lies on the border line between general abdominal surgery and gynæcology.

I had intended to close my paper at this point, but another case came under my care on very short notice, and I trust you will pardon me for imposing on your good nature and allow me to illustrate by it one other variety of appendicitis.

CASE IV.—On May 1, 1897, I went on service at the New York Frauenklinik, and at the time of my visit I was requested by my predecessors, Dr. L. J. Ladinski and Dr. E. Sternberger, to take charge of an urgent case of

recurrent appendicitis with probable periappendicular abscess in one of our nurses. She had been operated upon about a year previously by one of my colleagues at the Beth Israel Hospital in my presence, at which time, owing to her debilitated condition, it was deemed sufficient to evacuate the pus and excise the most accessible portion of the gangrenous appendix. She made a good recovery, and up to two days previously she enjoyed tolerably fair health and attended to her duties as a nurse. Acute pain suddenly returned, and with this temperature and localized tumefaction. I saw her about forty-eight hours after the first symptoms of the relapse and coincided with the views of my colleagues that there was no time to be lost.

With a temperature of 102° F. and a very rapid pulse (at one time 160 in a minute) she was put under the influence of ether anæsthesia and an incision parallel to the former scar was made. There was considerable difficulty in getting into the peritoneal cavity, because of the adhesions of the gut to the abdominal wall resulting from the former operation. After half an hour's work, however, this was accomplished. At one point it was necessary to cut through contiguous adherent structures in the abdominal wall in order to avoid tearing a hole into the intestine. After separating adhesions binding the coils of intestine to each other a small abscess was found behind the cæcum. This must have contained about half an ounce of pus. The surrounding gut was separated for several inches in different directions, but no other pus collections were met. The stump of the appendix was examined and a perforation found just at its point of origin from the cæcum. It was removed after ligating its base, and the remaining fragment was cauterized with pure carbolic acid.

At the close of the operation the patient's condition was better than at the beginning. After twenty-four hours the temperature had remained below 101° F., and the pulse at about 120. The bowels had moved

slightly after the use of calomel, sulphate of sodium, and enemata. At the end of forty-eight hours the dressing was changed and the wound had a healthy appearance. She now presents every indication of a speedy recovery.

While appreciating that nothing new has been brought out by the description of these cases, I can not help but feel that it must be of interest for one practising gynæcological surgery to meet four different types of appendicitis cases in almost as many weeks. As I grow older in surgical experience, it seems to me that appendicitis becomes less and less of a medical disorder and more and more surgical in character. I do not deny that there are cases of appendicitis which yield to rest in bed, combined with the local application of ice. But I have known several cases to require secondary operations in later years. I know also of one case of recurrent appendicitis proving fatal during the second attack.

The first two cases described to-night represent extreme varieties of appendicitis. The first patient was a "walking case," and her trouble was diagnosticated as an ordinary form of "catarrhal appendicitis." The operation demonstrated the existence of ulcerative and periappendicular inflammatory processes. Still, I am willing to concede that even without operation she might have gone on to spontaneous recovery. In the second case, however, the utter uselessness of medical treatment after the fourth or fifth day of the disease was clearly proved. The boy's life was certainly saved by prompt surgical intervention.

The third case illustrates how a diseased ovary located in the region of the appendix led to an error in

diagnosis. The treatment, however, was justifiable, as the inguinal incision not only permitted of a careful examination of the normal appendix, but also of the proper treatment of the diseased ovary.

The fourth case was operated within forty-eight hours of the onset of the attack. An ulcerating stump was discovered with a pus cavity. It proves the justifiability of such extremely early surgical intervention. Still, I believe that such cases must be excessively rare.

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